Date: **Planning & Development Department Public Records Request Form** Type of Request: Routine □ Non Routine Extraordinary (check one) Requestor Name: _____ Company: Address: Phone: City/State/Zip: I hereby request the following city of Las Vegas public records be: Made available for review and inspection , Copied , or Copied and Certified (check one) Record(s) Requested: I understand there is a charge for copies of public records. Further, I understand that if the estimated cost of the copies I have requested is \$25.00 or more, I will be required to pay in full prior to reproduction. Materials will be held for 14 days. If materials are not retrieved, they will be shredded. Should I make a second request for the same materials, I will be charged in full for the second reproduction in addition to the original charges imposed. Monies paid are forfeited if materials are never retrieved. If the request represents a large number of copies, I will be notified of the time frame needed for the completion of the request. Note: This form is a public record and will be retained for a period of one year from creation. Information above this line must be included on all Departmental Public Records Request Forms. Calculation of charges: Copies @ \$1.00 per page (8½x11) Note to Cashier: Copies @ \$2.00 per page (8½x14 or 11x17) **TOTAL DUE** Copies @ \$10.00 per page (24x36 b/w map) = \$____ Copies @ \$25.00 per page (24x36 color map) = \$_____ Certification Fee @ \$2.00 per page **Ext Charge Code:** CD Fee @ \$5.00 per CD If an Extraordinary request: Number of staff hours _____ x (rate) <u>\$75.00</u> = \$____ Type of material_____ (cost) _____ = \$___ Staff Notes & Status By:________, City of Las Vegas, Planning & Development Department

City of Las Vegas